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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

| Attorney Docket No.    | 11483-174                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------|
| First Inventor         | DEGRAAF, Jim et al.                                                                               |
| Title                  | Risk Managment System and Method Providing Rule-<br>Based Evolution of a Portfolio of Instruments |
| Express Mail Label No. | 1059                                                                                              |

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | ADDF                                | RESS TO:                | Commiss P.O. Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                       |                                        |
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| 2. A A S S (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 17] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, |                                                                                      |                                     | 8. Nucl<br>(if ap<br>a. | Computer Progrectide and/or Areplicable, all neconducter Real Specification S Computer Compu | -R in duplic<br>ram (Apper<br>mino Acid S<br>cessary)<br>dable Form<br>sequence L<br>CD-R (2 co | Sequence Submission  (CRF) isting on:                 |                                        |
| -<br>-<br>-<br>-<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or a computer pa<br>Background of t<br>Brief Summary                                                                                                                                                                                                                                                                                                                                            | rogram listing app<br>he Invention<br>of the Invention<br>n of the Drawings<br>otion | endix                               |                         | 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACCOMPAN<br>Assignment P<br>37 C.F.R. 3.73<br>(when there is                                    | YING APP<br>Papers (cov<br>3(b) Statem<br>s an assign | rer sheet & document(s)) nent Power of |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | 12. 🛭 13. 🖾 14. 🖾 15. 🗆 16. 🗆 17. 🗆 |                         | os)/PTO-14 mendment ot Postcard secifically its of Priority ority is clair on Request applicant me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (MPEP 503)<br>emized)<br>Document(s)                                                            |                                                       |                                        |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 324,920  Prior application information: Examiner Alain L. Bashore  Art Unit: 3624  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                       |                                        |
| ⊠ Custon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ner Number                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                       | Namana ada asa addasa balaw            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ner Number Bereskin & Pa                                                                                                                                                                                                                                                                                                                                                                        | r                                                                                    | 1059                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | OR 🔲 C                                                | Correspondence address below           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Box 401                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                       |                                        |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 40 King Street West                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                       |                                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Toronto                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                     | State                   | Ontario                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                                                                                               | p Code                                                | M5H 3Y2                                |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Canada                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                     | Telephone               | 416-364-731                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                       | 416-361-1398                           |
| Name (Print/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Туре)                                                                                                                                                                                                                                                                                                                                                                                           | Kendrick Lo                                                                          |                                     |                         | Registration N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lo. (Attorney/Ager                                                                              |                                                       | 54,948                                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 | v                                                                                    | lend                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | Date                                                  | April 20, 2004                         |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

(Complete (if applicable))

Date

Telephone (416) 364-7311

April 20. 2004

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| FEE TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | not yet assigned                                        |
| <b>for EY 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Filing Date          | filed concurrently herewith                             |
| Effective 10/01/2003. Patent fees are subject to annual revision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First Named Inventor | DEGRAAF Jim et al.                                      |
| de la Planta de Internaciona de la Colonia de Maria de La Colonia de La | Examiner Name        | n/a                                                     |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CARLOTTE SHARE OF    | n/a / / w                                               |

| TOTAL AMOUNT OF PAYMENT (\$)                                                                                                                               | 770.00 Attorney Docket No. 11483-174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| METHOD OF PAYMENT (check all that a                                                                                                                        | rpply) FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Check Credit card Money Other Order  Deposit Account: #6443                                                                                                | Large Entity   Small Entity  Fee   F |
| Account Number                                                                                                                                             | Code (\$)   Code (\$)   Fee Paid   1051   130   2051   65   Surcharge - late filing fee or oath   1052   50   2052   25   Surcharge - late provisional filing fee or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or any underpayment of feets | 1804 920* 1804 920* Requesting publication of SIR prior to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Charge fee(s) indicated below, except for the filing fe to the above-identified deposit account.                                                           | ee 1805 1840* 1805 1840* Requesting publication of SIR after Examiner action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FEE CALCULATION  1. BASIC FILING FEE                                                                                                                       | 1251   110   2251   55   Extension for reply within first month   1252   420   2252   210   Extension for reply within second month   1253   950   2253   475   Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)  1001 770 2001 385 Utility filing fee                                        | Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee                                                                                     | ## 170.00   1401   330   2401   165   Notice of Appeal   1402   330   2402   165   Filing a brief in support of an appeal   1402   1402   1402   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403   1403 |
| 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee                                                                               | 1403 290 2403 145 Request for oral hearing  1451 1,510 1451 1,510 Petition to institute a public use proceeding  1452 110 2452 55 Petition to revive - unavoidable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SUBTOTAL (1)   (\$)  2. EXTRA CLAIM FEES FOR UTILITY AND Fee from                                                                                          | 770.00   1453 1,330 2453 665 Petition to revive unintentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Total Claims below  Total Claims 2 20 = X  Independent 3 - 3 = X  Claims                                                                                   | Fee Paid 1502 480 2502 240 Design issue fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Multiple Dependent  Large Entity   Small Entity                                                                                                            | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20                                                                                                  | 8021 40 8021 40 Recording each patent assignment per property (times number of properties)  1809 770 2809 385 Filing a submission after final rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1201 86 2201 43 Independent claims in ex<br>1203 290 2203 145 Multiple dependent claim<br>1204 86 2204 43 ** Reissue independent                           | n, if not paid 1810 770 2810 385 For each additional invention to be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| over original patent 1205 18 2205 9 *Reissue claims in exc<br>and over original pater                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SUBTOTAL (2) (\$) **or number previously paid, if greater, For Reissues, s                                                                                 | 0.00 Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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Registration No.

(Attorney/Agent)

54.948